

County Information Here

[Date]

[Primary Addressee]
[Primary Addressee's Address]
[City], CA [ZIP Code]

Child's Name: [Child Name]
Birth Date: [Birth Date]
CCS: [Client Number]
CIN#: [Client Index Number]
County: [County Name]
Provider: [Provider Name]

Cancellation Letter

Dear [Primary Addressee]:

This letter is to inform you the Service Authorization # [list SAR # here] for [Child's name] have been cancelled for the reason listed below:

Effective Date: [list here]
Service Begin and End Date: [list here] - [list here]
Service Requested: [list here]
Reason/Citation: The provider has ended / terminated medical services.

[Free Text]

If you have questions, or would like to give us more information, please call the [Legal County] County CCS office at [County Office Phone Number].

Sincerely,

California Children's Services

We sent a copy of this letter to:
[Courtesy Copy Recipients]